

ISSUE SLIP STAPLE AREA (for additional cross references)

POSITION	INITIALS	ID NO.	DATE
FEE DETERMINATION	(Any)		2/18/99
O.I.P.E. CLASSIFIER		49	2/10/99
FORMALITY REVIEW	AB-H	100345	2/23/99

INDEX OF CLAIMS

✓ Rejected N Non-elected
 = Allowed I Interference
 - (Through numeral)... Canceled A Appeal
 ÷ Restricted O Objected

Claim	Date
1	2/4/93
2	2/23/93
3	2/20/94
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10	
11	
12	
13	✓ ✓ ✓
14	✓ ✓
15	✓
16	✓ ✓ ✓
17	✓ ✓
18	✓ ✓
19	✓
20	✓ ✓
21	✓
22	✓ ✓
23	✓
24	✓ ✓ ✓
25	✓
26	✓ ✓ ✓
27	✓ ✓ ✓
28	✓ ✓ ✓
29	✓ ✓ ✓
30	✓ ✓ ✓
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38	✓ ✓ ✓
39	✓ ✓ ✓
40	✓ ✓ ✓
41	✓ ✓ ✓
42	✓ ✓ ✓
43	✓ ✓ ✓
44	✓ ✓ ✓
45	✓ ✓ ✓
46	✓ ✓ ✓
47	✓ ✓ ✓
48	✓ ✓ ✓
49	✓ ✓ ✓
50	✓ ✓ ✓

Claim	Date
51	2/4/93
52	2/25/93
53	2/29/94
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85	=
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89	✓
90	✓
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Claim	Date
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If more than 150 claims or 10 actions
staple additional sheet here

(1 EFT INSIDE)

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